

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		34494.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	34494.00									
(c) Total Receipts (from Line 19)	13100.00	13100.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47594.00	47594.00								
7. Total Disbursements (from Line 31)	24950.00	24950.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22644.00	22644.00								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Radiation Therapy Services, Inc Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11270.00	11270.00
(i) Itemized (use Schedule A)	1830.00	1830.00
(ii) Unitemized	13100.00	13100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13100.00	13100.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13100.00	13100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13100.00	13100.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	25000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	-50.00	-50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	-50.00	-50.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	24950.00	24950.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24950.00	24950.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	13100.00	13100.00
34. Total Contribution Refunds (from Line 28(d))	-50.00	-50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13150.00	13150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.	Full Name (Last, First, Middle Initial) Andrew L Woods	Date of Receipt MM / DD / YYYY 01 / 11 / 2008
	Mailing Address 15021 Rolling Hills Drive	Transaction ID: 27116053
	City State Zip Code Glenwood MD 21738	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer 21st Century Oncology, Inc Occupation Attorney-Director BD & Federal Regulation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Mr. David E. Lee	Date of Receipt MM / DD / YYYY
	Mailing Address 9741 Mar Largo Circle	Transaction ID: PR1567085119025
	City State Zip Code Fort Myers FL 33919-7325	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
	Name of Employer 21st Century Oncology, Inc Occupation Physician Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr Theodore Masek	Date of Receipt MM / DD / YYYY
	Mailing Address 9 Ivy League Circle	Transaction ID: PR1567097119025
	City State Zip Code Rancho Mirage CA 92270-3909	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$200.00 Bi-Weekly)
	Name of Employer California Radiation Therapy Management Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mrs. Victoria Danton

Mailing Address 1409 Davis Drive

City State Zip Code
Fort Myers FL 33919-1069

FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology Management, Inc Occupation Director of Revenue Integrity

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

Transaction ID: PR1580095119025

Amount of Each Receipt this Period 450.00

P/R Deduction (\$75.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Quinten Curtis Black, MD

Mailing Address 1404 Kenton Lane

City State Zip Code
Asheville NC 28803-2468

FEC ID number of contributing federal political committee. **C**

Name of Employer RTA of Western NC, PA Occupation Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

Transaction ID: PR1580879419025

Amount of Each Receipt this Period 240.00

P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Tam Nguyen, MD

Mailing Address 2798 Bellini Road

City State Zip Code
Henderson NV 89052-3118

FEC ID number of contributing federal political committee. **C**

Name of Employer Michael J. Katin, MD, PC Occupation Medical Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

Transaction ID: PR1580891919025

Amount of Each Receipt this Period 600.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1290.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Dr Patrick Michael Francke</p> <p>Mailing Address 7 Winnebago Road</p> <p>City State Zip Code Sea Ranch Lakes FL 33308-2305</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1633307919025</p> <p>Amount of Each Receipt this Period 240.00</p> <p>P/R Deduction (\$40.00 Bi-Weekly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Dr Keith Lawrence Miller</p> <p>Mailing Address 12731 Terabella Way</p> <p>City State Zip Code Fort Myers FL 33912-0910</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 900.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR1692755719025</p> <p>Amount of Each Receipt this Period 900.00</p> <p>P/R Deduction (\$150.00 Bi-Weekly)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Dr. Dwight Fitch</p> <p>Mailing Address 9122 16th Ave Circle, NW</p> <p>City State Zip Code Bradenton FL 34209-8133</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer 21st Century Oncology, Inc Occupation Medical Doctor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Transaction ID: PR2127270519025</p> <p>Amount of Each Receipt this Period 300.00</p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
--	--

SUBTOTAL of Receipts This Page (optional)	1440.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.	Full Name (Last, First, Middle Initial) Brian P Quaranta, MD		Date of Receipt
	Mailing Address 100 Vista Lake Drive Apt 108		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City Candler	State NC	Zip Code 28715
	FEC ID number of contributing federal political committee. C <input type="text"/>		Transaction ID: PR2127272419025
	Name of Employer North Carolina RT Management Services.		Occupation Medical Doctor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 240.00	Amount of Each Receipt this Period <input type="text"/> 240.00
			P/R Deduction (\$40.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Michael Shevach, MD		Date of Receipt
	Mailing Address 7365 Regina Royale		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City Sarasota	State FL	Zip Code 34238-4545
	FEC ID number of contributing federal political committee. C <input type="text"/>		Transaction ID: PR2127272519025
	Name of Employer 21st Century Oncology, Inc		Occupation Medical Doctor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 600.00	Amount of Each Receipt this Period <input type="text"/> 600.00
			P/R Deduction (\$100.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Madlyn Dornaus		Date of Receipt
	Mailing Address 2172 Lawrence Drive		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City Clearwater	State FL	Zip Code 33764-6466
	FEC ID number of contributing federal political committee. C <input type="text"/>		Transaction ID: PR2232241719025
	Name of Employer 21st Century Oncology Management, Inc		Occupation VP Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 600.00	Amount of Each Receipt this Period <input type="text"/> 600.00
			P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1440.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 15
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial) Shirnett Matthews		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 35 Bryce's Ct		Transaction ID: PR2232246419025
City Sicklerville	State NJ	Zip Code 08081-1675
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer 21st Century Oncology of New Jersey, I	Occupation Medical Doctor	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Kenyon Meadows		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 124 Montrose Ct Apartment 100		Transaction ID: PR2245170619025
City Dothan	State AL	Zip Code 36305-6632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer 21st Century Oncology of Alabama, Inc	Occupation Medical Doctor	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	11270.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate</p> <p>Mailing Address 500 Red Sail Way</p> <p>City State Zip Code Satellite Beach FL 32937</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Bill Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27218991</p> <p>Date of Disbursement 01 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate</p> <p>Mailing Address 500 Red Sail Way</p> <p>City State Zip Code Satellite Beach FL 32937</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Bill Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27219023</p> <p>Date of Disbursement 01 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Klein For Congress</p> <p>Mailing Address 21301 Powerline Road Suite 204</p> <p>City State Zip Code Boca Raton FL 33433</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Ronald Klein</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27218908</p> <p>Date of Disbursement 01 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Klein For Congress</p> <p>Mailing Address 21301 Powerline Road Suite 204</p> <p>City Boca Raton State FL Zip Code 33433</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Ronald Klein</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27218984 Date of Disbursement 01 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Contribution</p>
<p>B. Full Name (Last, First, Middle Initial) Impact America</p> <p>Mailing Address 228 South Washington Street Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Void - Impact America- Never delivered</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27221286 Date of Disbursement 01 / 31 / 2008</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>Void - Impact America- Never delivered</p>
<p>C. Full Name (Last, First, Middle Initial) Lot Of People For Dave Obey</p> <p>Mailing Address PO Box 1322</p> <p>City Wausau State WI Zip Code 54402</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. David Obey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 27632199 Date of Disbursement 02 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Radiation Therapy Services, Inc Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends Of Jay Rockefeller	Transaction ID: 27378455 Date of Disbursement 03 / 06 / 2008
	Mailing Address PO Box 1909	Amount of Each Disbursement this Period 5000.00
	City Charleston State WV Zip Code 25327	
	Purpose of Disbursement Contribution Candidate Name Sen. John Rockefeller, IV Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type Contribution

B.	Full Name (Last, First, Middle Initial) Friends Of Patrick J Kennedy Inc	Transaction ID: 27431237 Date of Disbursement 03 / 17 / 2008
	Mailing Address P.O. Box 321	Amount of Each Disbursement this Period 1000.00
	City Pawtucket State RI Zip Code 02862	
	Purpose of Disbursement Contribution Candidate Name Rep. Patrick Kennedy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type Contribution

C.	Full Name (Last, First, Middle Initial) Reed Committee	Transaction ID: 27431255 Date of Disbursement 03 / 17 / 2008
	Mailing Address PO Box 8628	Amount of Each Disbursement this Period 1000.00
	City Cranston State RI Zip Code 02920	
	Purpose of Disbursement Contribution Candidate Name Sen. Jack Reed Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type Contribution

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mike Smith For Congress

Transaction ID: 27481503

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	8

Mailing Address 12108 Rebecca'S Run Drive

Amount of Each Disbursement this Period

1000.00

City Winter Garden State FL Zip Code 34787

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Mr. Michael Smith

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: FL District: 08

Contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

25000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Radiation Therapy Services, Inc Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. MARCELO YEZZI

Transaction ID: 27221288

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	8

Mailing Address 12391 MCGREGOR BLVD

City State Zip Code
FORT MYERS FL 33919

Amount of Each Disbursement this Period

-50.00

Purpose of Disbursement
Void - Mr. MARCELO YEZZI -never cashed

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Void - Mr. MARCELO YEZZI
-never cashed

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

-50.00

TOTAL This Period (last page this line number only) ▶

-50.00
